

THE ORDER TO ADOPT THE PROPOSED ACTION
EXPRESS TERMS

Title 13 Department of Motor Vehicles

Article 2.7. Certificates and Endorsements

Section 147.00 House Car Endorsement

- (a) Applicants for a house car endorsement issued pursuant to Vehicle Code Sections 35400, 12804.09, 12804.10, and 12804.15 shall meet the following requirements:
- (1) Obtain a non-commercial class B driver license.
 - (2) Meet and maintain the minimum medical requirements, by submitting a Physician's Health Report, form DL 546A (NEW 12/2001), upon application and every two years thereafter. The minimum medical requirements shall be the same as the requirements established for a restricted class A driver license in Title 13, Section 28.21, California Code of Regulations.
 - (3) Successfully complete a specialized written test based on the California Recreational Vehicles and Trailers Handbook.
 - (4) Successfully complete the practical (drive) test which includes (1) a vehicle safety check; (2) two skill tests that simulate the positioning of the house car in a designated space; and (3) driving/road test.
 - (5) Pay a fee pursuant to subdivision (c)(3) of Vehicle Code Section 12804.15.
- (b) The following driver license classifications shall be exempt from the house car endorsement requirement:
- (1) Commercial class A.
 - (2) Commercial class B.
- (c) The medical form provided by the department, shall be the Physician's Health Report, form DL 546A (NEW 12/2001), and shall be completed and signed by a physician and contain the following information:
- (1) The applicant's true full name, address, date of birth, driver license number, and daytime telephone number.
 - (2) A "yes" or "no" response as to whether the applicant:
 - (A) has difficulty recognizing the colors of red, green, and amber used in traffic signal lights and devices.
 - (B) has peripheral vision of less than 70 degrees for either eye.
 - (C) has difficulty perceiving a forced whispered voice in the better ear without a hearing aid, at not less than five (5) feet.
 - (D) has a vision impairment in either eye that is not correctable to visual acuity of 20/40 or better.
 - (E) has a missing foot, leg, hand, finger, or arm.
 - (F) has any other impairment of a hand, finger, arm, foot, or leg, or any other limitation.
 - (G) has diabetes requiring insulin for control.
 - (H) has had a hypoglycemic episode or any other adverse reaction related to diabetes in the last three (3) years.
 - (I) has had a heart attack, angina, coronary insufficiency, thrombosis, stroke, or other heart problem, or cardiovascular disease, and if "yes", whether the

- applicant has had labored breathing, fainting, collapse, congestive heart failure, or other symptoms in the last three (3) years.
- (J) has been diagnosed with a respiratory condition, such as emphysema, chronic asthma, or tuberculosis and, if “yes”, whether the respiratory condition is likely to interfere with the applicant’s ability to drive a motor vehicle safely.
- (K) has ever been diagnosed with high blood pressure of 160/90 or higher.
- (L) has been diagnosed with rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease, and if “yes”, whether the condition is likely to interfere with the applicant’s ability to drive a motor vehicle safely.
- (M) has ever been diagnosed with any mental, nervous, organic or functional disease, or psychiatric disorder, and if “yes”, whether the condition is likely to interfere with the applicant’s ability to drive a motor vehicle safely.
- (N) has ever been diagnosed with epilepsy or any other condition which may cause loss of consciousness or loss of control, and if “yes”, whether the applicant has had a loss of consciousness or loss of control in the last three (3) years.
- (O) uses a controlled substance, amphetamine, narcotic, or any other habit-forming drug, and if “yes”, whether the drug will interfere with the patient’s ability to drive a motor vehicle.
- (P) has a history or current clinical diagnosis of alcoholism.
- (3) Visual acuity of each eye must be given and be at least 20/40 in each eye with or without corrective lenses.
- (A) Whether contact lenses are worn, and if “yes”, whether they are well adapted and tolerated.
- (4) The applicant’s blood pressure reading at the time of the exam.
- (5) An explanation for any “yes” answers.
- (6) A check-box indicating the applicant has been examined and has no physical impairment or condition to preclude him or her from driving a house car of more than 40 feet in length.
- (7) The physician’s name, office address, telephone number, date of applicant’s last visit, physician’s medical license or certificate number with the issuing state, date of the exam, and the signature of the physician.
- (8) A certification signed and dated by the applicant under penalty of perjury, that the information provided is true and correct, and that the applicant consents to release of medical information to the department.

Note: Authority cited: Vehicle Code Section 1651. Reference: Vehicle Code Sections 12804.9, 12804.10, 12804.15, and 35400.

STEVEN GOURLEY, DIRECTOR

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